

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 367519	RECEIPT DATE:	08 / 14 / 99
IA NUMBER:	PCT/ EP97 / 02155	IA FILING DATE:	04 / 25 / 97
FAMILY NAME:	MEZZALIRA	DELAY WAIVED (Y/N):	N
GIVEN NAME:	RINALDO	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	02 / 20 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	1066	COUNTRY:	EPX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	
		FAX	
NAME:	DANIEL O'BYRNE		
STREET:	VIA DEL PARIONE 8		
CITY:	FLORENCE		
STATE/COUNTRY:	ITX	ZIP:	50123
EMAIL:			
APPLICATION TITLES:	REINFORCED FLEXIBLE HOSE		

TAB TO LAST POSITION, PUSH SEND

SERIAL NUMBER 09/367,519	FILING DATE 08/14/99	CLASS 138	GROUP ART UNIT 3753	ATTORNEY DOCKET NO.
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APPLICANT

RINALDO MEZZALIRA, ARCUGNANO, ITALY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A 371 OF PCT/EP97/02155 04/25/97

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED ITALY V197A000031

02/20/97

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/07/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ITX	SHEETS DRAWING 1	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
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ADDRESS

DANIEL J O'BYRNE  
VIA DEL PARIONE 8  
50123 FLORENCE  
ITALY

AIR MAIL

TITLE

REINFORCED FLEXIBLE HOSE

FILING FEE RECEIVED \$420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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